

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION**OFFICIAL
FILE COPY**

TRANSMITTAL NUMBER:

0 0 — 0 0 9

2. STATE:

Washington

PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

25

4. PROPOSED EFFECTIVE DATE

7/1/00 10/1/00 "P & I"

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 00 \$ 0

b. FFY 01 \$ 15,269,647

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A

Part I

Page 33

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

N/A

10. SUBJECT OF AMENDMENT:

Proportionate Share Payments

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

DENNIS BRADDOCK

14. TITLE:

Secretary

15. DATE SUBMITTED:

7/24/00

16. RETURN TO:

Department of Social and Health Services

Medical Assistance Administration

623 8th Ave SE MS: 45500

Olympia WA 98504-5500

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

JUL 25 2000

18. DATE APPROVED

SEP 22 2000

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2000

21. TYPED NAME:

Teresa L. Trimble

20. SIGNATURE OF REGIONAL OFFICIAL:

Teresa L. Trimble

22. TITLE:

Associate Regional Administrator

23. REMARKS:

7/23 • Olympia
(DATE) (CITY/STATE)

"P & I" change was authorized by the State.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Washington

I. PROPORTIONATE SHARE PAYMENTS FOR STATE AND COUNTY TEACHING HOSPITALS

1. A proportionate share pool is created each state fiscal year for supplemental payments to eligible providers of Medicaid patient services. Eligible providers are King County owned or Washington State operated teaching hospitals.
2. Funds retained will be used to improve health care services to low income patients.
3. The supplemental payments made to eligible teaching hospitals are subject to prior federal approval for obtaining federal matching funds for the supplemental payments. The supplemental funds are subject to the federal Medicare upper payment limit for hospital payments. The Medicare upper limit analysis will be performed prior to making the supplemental payments.
4. The ProShare payment for each payment year is determined as follows:

The cumulative difference between covered Title XIX inpatient charges and Title XIX payments and third party liability payments for all eligible hospitals during the most recent Federal Fiscal year becomes the total ProShare payment that will be distributed during the payment year. The source of the charge and payment data is our Medicaid Management Information System (MMIS) for the base year. Only charges and payments for inpatient hospitals services are included in the computation and the base year determined amount is not inflated to the payment year.
5. Payments will be distributed to the eligible teaching hospitals in proportion to Medicaid Charges Factor, the dollars resulting from the difference between Hospital Allowed Charges and Title XIX payment, including third party liability. The Medicaid Allowed Charges factor is specific to the base year. The supplemental payment will be at least annually during each federal fiscal year.

TN # 00-009
Supersedes
TN# --Approval Date: February 2, 2001Effective Date: ~~7/1/00~~ 10/1/00 (P & I)